

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001232

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 4A

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 8 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 3 days	c. CITY OR TOWN Reeds Spring Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reeds Spring Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM THOMAS WARREN		4. DATE OF DEATH Month Day Year Jan. 1, 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/26/1901
9. AGE (last birthday) 61		IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Southern Dist. Judge		10b. KIND OF BUSINESS OR INDUSTRY Stone Co. Mo.	11. BIRTHPLACE (City and state or country) Reeds Spring, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Riley Warren	
13b. MOTHER'S MAIDEN NAME Malinda Shephard		14. NAME OF HUSBAND OR WIFE Dollie Warren	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs Dollie Warren Reeds Spring, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver INTERVAL BETWEEN ONSET AND DEATH 4 Mon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-30-62 to 1-1-63 and last saw him alive on Dec 31, '62 Death occurred at 5:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE J. H. Wakeman M.D. (Degree or title)		22b. ADDRESS Springfield, Mo	
22c. DATE SIGNED 1-2-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/31/1963	23c. NAME OF CEMETERY OR CREMATORY Nickelson Cemetery	23d. LOCATION (City, town, or county) Reeds Spring, Mo
24. FUNERAL DIRECTOR Walter Cobb Branson, Mo	25. DATE RECD. BY LOCAL REG. 1-2-63	26. REGISTRAR'S SIGNATURE Effie E. Mellen	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1-1-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Robert H. Bates III, Student Embalmer No. 693

working under my personal supervision.

Student Robert H. Bates III
Signature of Student Embalmer

Signed Eric M. Abbott

Licensed Embalmer No. 5115

P.O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.